



Division of Liquor Enforcement
& Licensing



COURSE EVALUATION

As a participant, you are an important contributor to our training approach and course development. Your input will help us continue to improve the courses we offer. Thank you for taking the time to complete this evaluation.

Date: _____ Location: _____

Instructor's Name: _____

Course Title ☐ MTS ☐ TEAM ☐ LOTS ☐ LEST ☐ VENDOR

Please use the following scale to evaluate this course

1=Poor

2=Fair

3=Good

4=Excellent

The Instructor's professionalism, knowledge:

1

2

3

4

The Instructor's instructional skills, pace:

1

2

3

4

The length of the course was enough to teach the topic:

1

2

3

4

The stated goals were met:

1

2

3

4

The course provided knowledge & skills to fulfill your duties:

1

2

3

4

Did this program meet your expectations? ☐ Yes ☐ No

If no, please explain: _____

What do you intend to do with the information you learned? _____

What part of the training was most helpful to you? _____

Do you have any comments or suggestions about the course or instructor? _____

